

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH **FILED VS JUL 18 1960**

-60-027692
 STATE FILE NUMBER

Registration District No. **227** Primary Registration District No. **5804** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Monroe.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Monroe.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Paris, Mo. - Jackson			Length of stay in lb		c. CITY OR TOWN Santa Fe, Missouri.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Plesant View Rest Home				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) WILLIAM DUNLAP.				4. DATE OF DEATH Month July Day 8 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-8-67	9. AGE (last birthday) 92	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Staunton, Virginia.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wm Dunlap.			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary Dunlap.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Madison Dunlap. Laddonia, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary heart disease arterio-sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c) arterio-sclerosis						INTERVAL BETWEEN ONSET AND DEATH 21.12 21.12	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6:00 to 6:00 and last saw him alive on July 8-60 Death occurred at 6:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Wm M. Barnett M.D.				22b. ADDRESS Paris, Missouri.		22c. DATE SIGNED 8-10-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-10-60		23c. NAME OF CEMETERY OR CREMATORY Southfork Cemetery.		23d. LOCATION (City, town, or county) (State) Monroe Co, Missouri.	
24. FUNERAL DIRECTOR ADDRESS Wm M. Barnett Perry, Mo.				25. DATE RECD. BY LOCAL REG. 7-10-60		26. REGISTRAR'S SIGNATURE J. A. Barnett M.D.	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clyde C. Miller

Licensed Embalmer No. 3820

P. O. Address Perry, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

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